

07/11/2006 07:27 FAX

002

STATE OF MICHIGAN
CERTIFICATION OF VITAL RECORD
COUNTY OF WASHTENAW
STATE OF MICHIGAN

TYPE/PRINT
IN
PERMANENT
BLACK INK

2006-01648-D

STATE OF MICHIGAN
DEPARTMENT OF COMMUNITY HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER

2782011

1. DECEDENT'S NAME (First, Middle, Last) Hilary Thomas Scantlebury		2. DATE OF BIRTH (Month, Day, Year) April 13, 1944		3. SEX Male		4. DATE OF DEATH (Month, Day, Year) June 20, 2006	
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKAs if any)				6a. AGE - Last Birthday (Years) 62		6b. UNDER 1 YEAR MONTHS DAY	
7a. LOCATION OF DEATH (Indicate place officially pronounced dead in 7a-7d.) HOSPITAL, OR OTHER INSTITUTION - Name (If not in others, give street and number and city) 7049 Amberly Way				7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH Ypsilanti Township		8. COUNTY OF DEATH Washtenaw	
9a. CURRENT RESIDENCE STATE Michigan		9b. COUNTY Washtenaw		9c. LOCALITY (check the box that describes the location) <input type="checkbox"/> CITY OR VILLAGE <input checked="" type="checkbox"/> TOWNSHIP Ypsilanti		9d. STREET AND NUMBER (Include Apt. No. if applicable) 7049 Amberly Way	
10a. ZIP CODE 48197		10b. BIRTHPLACE (City and State or Country) New York, New York		10c. SOCIAL SECURITY NUMBER 099-34-9301		11. DECEDENT'S EDUCATION - What is the highest degree or level (school) completed at the time of death? 8 year College	
12. RACE - American Indian, White, Black, etc. (If Asian, give nationality, e.g., Chinese, Filipino, Asian Indian, etc.) (Enter all that apply) White		13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) If American Indian race, enter principal tribe Russian, Irish		13b. HISPANIC ORIGIN (Yes or No) No		14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (Yes or No) Yes	
15. USUAL OCCUPATION Give kind of work done during most of working life. Do not use retired. Teacher		16. KIND OF BUSINESS OR INDUSTRY Community College		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) Married		18. NAME OF SURVIVING SPOUSE (If wife, give name before first married) Deborah E. Way	
19. FATHER'S NAME (First, Middle, Last) Terence Scantlebury				20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) Tatiana Pogoreff			
21a. INFORMANT'S NAME (Type/Print) Deborah Scantlebury		21b. RELATIONSHIP TO DECEDENT Wife		21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) 7049 Amberly Way, Ypsilanti, Michigan 48197			
22. METHOD OF DISPOSITION Burial, Cremation, Entombment, Donation, Removal, Storage (Specify) Cremation		23a. PLACE OF DISPOSITION (Name of cemetery, crematorium, or other institution) Tri-County Cremation Service		23b. LOCATION - City or Village, State Ypsilanti, Michigan			
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE <i>[Signature]</i>		25. LICENSE NUMBER 5715		26. NAME AND ADDRESS OF FUNERAL FACILITY Stark Funeral Service, Mopre Memorial Chapel 101 S. Washington St., Ypsilanti, MI 48197			
27a. CERTIFIER (Check only one) <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the stated cause and manner stated. <input checked="" type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place stated and due to the specified cause and manner stated. Signature and Title: <i>[Signature]</i> June 22, 2006		27b. LICENSE NUMBER 032167		28a. ACTUAL OR PRESUMED TIME OF DEATH unknown P.M.		28b. PRONOUNCED DEAD ON (Mo, Day, Yr.) June 21, 2006	
29. MEDICAL EXAMINER CONTACTED? (Yes or No) yes		30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify) home		31. HOSPITAL, Inpatient, Outpatient, Emergency Room, D.O.A. (Specify) home		32. TIME PRONOUNCED DEAD 3:35 P.M.	
33. MEDICAL EXAMINER'S CASE NUMBER (if applicable) 06-387		34. NAME OF ATTENDING PHYSICIAN (Type or Print) S. Gao		35. NAME OF OTHER THAN PHYSICIAN IF OTHER THAN			
36. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) Bader J. Cassin, M.D., Chief Medical Examiner, 1200 State Circle, Ann Arbor, MI 48108				37. DATE FILED (Month, Day, Year) JUN 23 2006			
38a. REGISTRAR'S SIGNATURE <i>[Signature]</i>				38b. DATE FILED (Month, Day, Year) JUN 23 2006			
39. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory or ventricular fibrillation without showing the etiology. Enter only one cause on a line. If diabetes was an immediate, underlying, or contributing cause of death be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. RUPTURED CEREBROBASILAR ANEURYSM b. Due to (or as a consequence of) c. Due to (or as a consequence of) d. Due to (or as a consequence of) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST							
39. PART II. OTHER SIGNIFICANT CONDITIONS contributing to death but not resulting in the underlying cause given in Part I.							
39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate or Pending (Specify) Natural		40a. WAS AN AUTOPSY PERFORMED? (Yes or No) yes		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) yes		40c. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown pregnant within the past year	
41a. DATE OF INJURY (Mo., Day, Yr.)		41b. TIME OF INJURY		41c. DESCRIBE HOW INJURY OCCURRED		41d. INJURY AT WORK (Yes or No)	
41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify)		41f. TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)		41g. LOCATION - Street or RFD No., City, Village or Township, State		41h. LOCATION - Street or RFD No., City, Village or Township, State	

I, LAWRENCE KESTENBAUM, CLERK/REGISTER OF SAID COUNTY OF WASHTENAW DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document on file in my office.

JUN 23 2006

DATED:

[Signature]
 LAWRENCE KESTENBAUM
 WASHTENAW COUNTY CLERK/REGISTER